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on____April 4, 2005 Date

4.3.....

Michele Balin

Typed or printed name of person signing Certificate

U.S. Application No. 09/897,769

Title: Manual Correction of an Image Color

Filing Date: July 2, 2001 Atty. docket #: 197-012-USP

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Fax Transmittal Cover Sheet (1 page)

Fee Transmittal (1 page)

Amendment and Response (11 pages)

Total Pages in Transmission: 13

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818):			Complete if Known				
			Application Number	09/897,7	09/897,769		
FEE TRANSMITTAL For FY 2005			Filing Date	July 2, 20	July 2, 2001		
			First Named Invento	r Gruzdev	Gruzdev et al.		
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name	Carter, T	Carter, Tia A.		
			Art Unit	2626	2626		
TOTAL AMOUNT OF PAYM	IENT (\$)	750	Attorney Docket No.	197-012-	USP		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 50-3199 Deposit Account Name: Hensley Kim & Edgington							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and suthorization on PTO-2038.							
FEE CALCULATION				· ·			
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES							
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (Small Entity S) Fee (\$)		Entity	Fees Paid (\$)	
Utility	300	150 500		200 10			
Design	200	100 100			55 _	 ,	
Plant	200	100 300			30 <u> </u>		
Reissue	300	150 500		600 30	_		
Provisional	200	100 0		0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Small Entity Fee (\$) 50 25							
Each independent clai				100			
Multiple dependent cl			360	180			
Total Claims Extra Claims Fee (\$) Fee Paid (\$) 29 - 20 or HP = 3 x 50 = 150 HP = highest number of total claims paid for, if greater than 20.					ultiple Depend Fee (\$)	ent Claims Fee Paid (\$)	
Indep, Claims							
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Paid (5) - 100 = / 50 = (round up to a whole number) x =							
I						Fees Paid (\$)	
Other (e.g., late filing surcharge)							
SUBMITTED BY							
Signature	Registration No. (Attorney/Apent) 4266	8	Telephone 720-377-0774				
Name (Print/Type) Richard			Date 4-4-05				

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APR 0 4 2005

Application Serial No.	
Filing Date	Jul 2, 2001
	Gruzdev et al.
	Corel Corporation
	2626
Examiner	
Attorney's Docket No	197-012-USP
Title:	Manual Correction of an Image Color

AMENDMENT AND RESPONSE

To:

Commissioner for Patents

Box 1450

Alexandria, VA 22313-1450

From:

Richard J. Holzer, Jr. (Tel. 720-377-0774; Fax 720-377-0777)

Hensley Kim & Edgington, LLC 1660 Lincoln Street, Suite 3050

Denver, CO 80264

AMENDMENTS

Sir:

In response to the Office action of January 3, 2005, please amend the aboveidentified application as follows: